



Department of Environmental Protection

One Winter Street Boston, MA 02108 • 617-292-5500

Charles D. Baker
Governor

Karyn E. Polito
Lieutenant Governor

Matthew A. Beaton
Secretary

Martin Suuberg
Commissioner

[Date]

[Property owner name]
[street address]
[town], [state] [zip code]

RE: Annual certification by property owner where an Active Exposure Pathway Mitigation Measure has been implemented; [RTN]; [site address]

Dear [Property owner name]:

The Massachusetts Department of Environmental Protection (MassDEP), Bureau of Waste Site Cleanup is responsible for ensuring the cleanup of oil and hazardous material releases to the environment pursuant to the Massachusetts Oil and Hazardous Material Release Prevention and Response Act (Massachusetts General Law Chapter 21E or M.G.L. c. 21E). The law is implemented through regulations known as the Massachusetts Contingency Plan or "MCP" (310 CMR 40.0000). The MCP is available online at <http://www.mass.gov/eea/agencies/massdep/cleanup/regulations/site-cleanup-regulations-and-standards.html>.

You are receiving this form because MassDEP's records indicate that you are the current owner of the above-referenced property where a subslab depressurization system to mitigate vapor intrusion into indoor air, also referred to as an Active Exposure Pathway Mitigation Measure or AEPMM, has been implemented as a requirement for maintaining a Permanent Solution with Conditions under the MCP. The MCP requires at 310 CMR 40.1025 that the current property owner submit an annual certification concerning the operation and maintenance of the AEPMM upon receipt of a form sent by MassDEP for such purpose. The "current owner" of the property is the individual or entity (as described at 310 CMR 40.1074(2)(c) of the MCP) who holds title to said property.

If you are the current owner of the above referenced property, you must comply with the annual certification requirement of 310 CMR 40.1025 by completing the attached Annual Certification Form and returning to MassDEP within [30 days of the date of this letter] to:

**Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup
Attn: Annual AEPMM Certification
One Winter Street, Boston, MA 02108**

A stamped envelope with the above address has been included for your use and convenience.

If you are the current owner and you do not complete and return the Annual Certification Form by [30 days of the date of this letter], MassDEP will be required to confirm proper system operation.

If you are not the current property owner or if have questions regarding this letter, including the requirements related to this certification, you may email BWSC.Information@MassMail.state.ma.us (please include a telephone number in your email so that we may contact you) or call 617-XXX-XXXX.

Sincerely,

MassDEP Signature

Certification of Owner of Property
Active Exposure Pathway Mitigation Measure Operation & Maintenance

I, _____, owner of said property where an Active Exposure
Pathway Mitigation Measure is operating to implement and maintain a Permanent Solution with
Conditions pursuant to the requirements of 310 CMR 40.0000, attest under the pains and penalties of
perjury that:

(a) I am aware of my obligations to operate and maintain the Active Exposure Pathway Mitigation Measure, including repairing or replacing components of the Measure to resume operation in the event the Measure experiences suspension or failure [310 CMR 40.1025(7)(a)];

(b) I am aware that the Department of Environmental Protection may upon reasonable notice inspect Active Exposure Pathway Mitigation Measure to ensure that it is operating pursuant to 310 CMR 40.1025 [310 CMR 40.1025(7)(b)];

(c) I have financial resources are available to for immediate repair and/or replacement of components of Active Exposure Pathway Mitigation Measure in the event that the measure experiences failure [310 CMR 40.1025(7)(c)]; and

(d) The Active Exposure Pathway Mitigation Measure is operating pursuant to regimen established at 40.1025 [310 CMR 40.1025(7)(d)].

Name of property owner

Signature of property owner

Date signed

Name of Company or Organization (if applicable):

Street Address:

City/Town: _____

Zip Code: _____

Phone Number: _____

Email: _____